



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/12/2006

Business ID: 382224

William M. Gardner

Secretary of State

EYEMED VISION CARE LLC

PO BOX 495914

CINCINNATI, OH 45249

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 495914

CINCINNATI, OH 45249

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 382224

STATE OF DOMICILE: DELAWARE

PROVIDED SERVICES RELATED TO VISION PROD. & PATIENTS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address ATTN TAX DEPT, P.O. BOX 8509, MASON, OH 45040

☒ The new principal office address 4000 LUXOTTICA PLACE, MASON, OH 45040

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **JACK S DENNIS**

STREET **3144 SHOREWALK RD**

CITY/STATE/ZIP **MAINEVILLE OH 45039**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **JACK S DENNIS**

Please print name and title of signer: **JACK S DENNIS** / **MEMBER**

NAME

TITLE

FEE DUE: **\$125.00**

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529